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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12872
Facility Name:	Alvarado Hospital Medical Center
Address:	6655 Alvarado Road
City:	San Diego
Hospital Owner/Lice	ensee: Plymouth Health
Year of Rep	orting: 2010
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Darlene Wetton
Submission	Date: 1/25/2011 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	ding Name Alternate Building Address		Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	6655 Alvarado Road	Retrofit	SPC2	01/01/2013	12/31/2012

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Main Hospital								
Type of Service Prov	<u>rided</u>							
X Nursing	Inpatient Beds	208 Inpatient 33885 Days	X Surgical	Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	18 Inpatient Days 4282	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	X Renal Dialysis X Outpatient				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	X Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	X Central Plant				

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 01	Buildir	ng Name: Main	Hospital		
Medical / Surgical (Incl	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 208 Inp Bed Da	patient 3388 ys 5	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse New	/born / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inp	patient 0 ys	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	born	Intermediate Card	
Inpatient 0 Inp	atient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 18 Inpa		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpa		Inpatient 0 Bed	Inpatient 0 Days	226	226

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	_	Building Name	Building to be Removed
01		Main Hospital	
02		Rehabilitation Hospital	
03		Connecting Bridge	
04		Service Building	
05		Fire Pump Building	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Ma	ain Hospital				
Type of Service	e Provided	×	(Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	(Anesthesia		Obstetrical	X	Renal Dialysis
X	IntensiveCare	I x		Clinical Lab		Recovery		•
	Pediatric/Adol escent	×	_	Radiological/		Newborn/ WellBaby	X	Outpatient Surgery
	Psychiatric Nursing	[x		Imaging Pharmaceutical	X	Emergency	Х	Central Plant
	Obstetrical Ante/Postprtu	m X	<u> </u>	Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care	×	<	Administration				
	Skilled Nursin	g						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	Building Number: 01 Building Name: Main Hospital									
Configuration :	Retrofit Non-Confo	Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030								
Type of Service	e Provided									
X N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X In	tensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	bstetrical nte/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant			
	termediate are	X	Dietetic				Command			
	killed Nursing	X	Administration	X	Nuclear Medicine	X	Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	er: 02	Building Na	me: Rehabilitation H	lospital				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic					
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Na	me: Connecting Brid	lge			
Configuration .	N/A						
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic	_	Lineigency		Contract faint
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Nar	me: Service Building						
Configuration:	Retrofit Non-Confo	orming buildir	rming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Service	Provided								
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	diatric/Adol cent		Clinical Lab		Recovery				
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1 I	estetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
Inte	ermediate		Dietetic		Linergency		Contrair faint		
— Ca ∏ Ski	re illed Nursing		Administration		Nuclear Medicine		Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 05	Building Na	ame: Fire Pump Building				
Configuration N/	Α					
Type of Service Pro	ovided					
Nursir	ng 📗	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intens	iveCare	Anesthesia		Obstetrical		Renal Dialysis
Pediat escen	tric/Adol t	Clinical Lab		Recovery		
Psych Nursir		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obste Ante/F	trical Postprtum	Pharmaceutical			X	Central Plant
	nediate	Dietetic	Ш	Emergency		Central Flam
Care		Administration		Nuclear Medicine		Support Services
Skilled	d Nursing					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02 Building Name: Rehabilitation Hospital									
Тур	Type of Service Provided								
X	Nursing	Inpatient Beds	80		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		80						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 03							
Тур	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	Building Number: 04 Building Name: Service Building								
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
П	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	Building Number: 05 Building Name: Fire Pump Building								
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update:** 11/01/2010 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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Building Number:	02 Build	ing Name: Reha	abilitation Hospital			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 30 Bed	Inpatient 1191 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 50 Bed	Inpatient 4906 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	80	80	

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Building Number:	3 Build	ing Name: Con	necting Bridge		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	['] Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0

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Building Number:	04	Building Name: Servi	ice Building			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	0 0		

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Building Number:	5 Build	ing Name: Fire F	Pump Building			
Medical / Surgical (Ind	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0	